

**State of Rhode Island and Providence Plantations
Inter-Office Memorandum**

Date: October 31, 2006

To: Distribution
Management List

From: Paul E. Pysz
Human Resources Administrator

Subject Light Duty/Transition Employment

Please be advised that **ANY** employee seeking to return to the workplace with a Medical Note that states or references **limited/light/or restricted duties** must first submit a request for prior approval to the Human Resources Office (on a form prescribed, see attached.) No employee will be authorized to be admitted into the work place without first receiving approval.

It is the specific responsibility of **EACH Divisional/Section/or Unit Supervisor** to inform their subordinate employees of this requirement. Health, safety, worker's compensation, medical insurance and liability issues maybe involved when improper documentation has been received and standard reviews have not been made.

Supervisors are directed to immediately inform the Human Resources Office of employees in such situations. Employees who have not received prior approval will be sent home immediately and possibly subject to disciplinary action.

cc: James R. Capaldi, P.E.
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Local 400 IFPTE

File

REQUEST FOR RESTRICTED/LIGHT DUTY

In accordance with Article XI of the Union Contract and in cooperation with Local 400, IFPTE, the Department of Transportation recognizes the desirability of restricted/light duty assignments as a means of returning injured workers to productive employment for a short transitional period of time.

Your doctor must provide a complete medical verification about your condition and prognosis, indicate the date you may return and identify what type of activities you are unable to perform. He/she must do this each month and must also indicate the length of time that you may need this light accommodation. Failure to provide monthly doctor's report may result in your being disqualified and returned to leave status. Such restricted/light duty shall generally not exceed six (6) months.

Please complete the information below and forward it to the RIDOT Office of Human Resources, 2 Capitol Hill, Providence RI 02903. You must include your doctor's detailed report.

NAME _____

SIGNATURE _____

TITLE _____

DIVISION _____

WORK LOCATION _____

WHAT KIND OF RESTRICTED/LIGHT DUTY DO YOU FEEL WOULD BEST
HELP YOU TO RETURN TO YOUR REGULAR JOB FULL TIME?

The Department will evaluate each application on a confidential basis.